

REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE
(Summary Page)

1. NAME OF COMMITTEE (in full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPENDITURES

ADDRESS (number and street)

☐ Check if different than previously reported

320 FIRST STREET, S.E.

CITY, STATE and ZIP CODE

WASHINGTON, D.C. 20003

RECEIVED
FEDERAL ELECTION
COMMISSION

1999 NOV 25

REGISTRATION NUMBER
C 00075820

3. ☒ This committee qualifies
as a multicandidate committee.
(See FEC FORM 1M)

4. TYPE OF REPORT

(a)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

Monthly Report Due On:

☐

Feb 20

☐

March 20

☐

April 20

☐

May 20

☐

June 20

☐

July 20

☐

Aug 20

☐

Sept 20

☐

October 20

☒

November 20

☐

December 20

☐

January 31

☐

Twelfth day report preceding

(Type Of Election)

election on _____ in the state of _____

☐ Termination Report

☐

Thirtieth day report following the General Election on

In the State of _____

(b) Is this Report an Amendment?

☐ Yes

☒ NO

SUMMARY

5 Covering Period 10-1-99 through 10-31-99

6 (a) Cash on Hand January 1, 1999

(b) Cash on Hand at Beginning of Reporting Period..

(c) Total Receipts (from Line 19).....

(d) Subtotal (add Lines 6(b) and 6(c) for Column A
and Lines 6(a) and 6(c) for Column B).....

7 Total Disbursements (from Line 30).....

8 Cash on Hand at Close of Reporting Period (line 7 fm Line 6(d))

9 Debts and Obligations Owed TO the Committee
(Itemize all on Schedule C and/or Schedule D).....

10 Debts and Obligations Owed BY the Committee
(Itemize all on Schedule C and/or Schedule D).....

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date



\$537,905.32

\$447,138.18



\$4,121,490.84

\$30,317,485.85

\$4,568,629.02

\$30,855,391.17

\$4,227,410.00

\$30,514,172.15

\$341,219.02

\$341,219.02

\$0.00

\$0.00

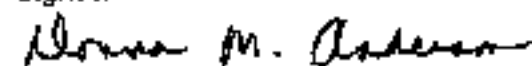
For further information contact
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct
and complete.

Type or Print Name of Treasurer

DONNA M. ANDERSON

Signature of Treasurer



Date

11/19/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. Sec. 4

FEC FORM 3X

(revised 9/93)